



Department of
Land Use & Transportation

WASHINGTON COUNTY

SUPPLEMENTAL REQUIRED SIGNATURES FORM (FOR PERMIT APPLICATION)

JOB SITE INFORMATION AND LOCATION

Job no. _____ Job address: _____
City/State/ZIP: _____
Suite/bldg./apt. no. _____ Project name: _____
Cross street/directions to job site: _____
Subdivision: _____ Lot no. _____
Tax map/parcel no. _____

DESCRIPTION OF WORK

(Must match Building and Development Application Services application)

CONTRACTOR

Business Name: _____
Address: _____
City/State/ZIP: _____
Email: _____
Phone: _____ CCB lic no: _____
Electrical lic no: _____ City or metro lic: _____

Supervising Electricians Signature (Required)

Print Name: _____ Date: _____

Authorized

Signature: _____